



Alberta Heritage Foundation
for Medical Research

HEALTH TECHNOLOGY ASSESSMENT UNIT

**REPORT OF ACTIVITIES
FOR
1999 - 2000**



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HTA Annual Reports: 1999/00

HEALTH TECHNOLOGY ASSESSMENT UNIT

REPORT OF ACTIVITIES FOR 1999 - 2000

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Director's Message

The field of health technology assessment continues to grow in importance for the Alberta health care system. Health reform and the regionalization of health care systems across Canada have placed new challenges before health authorities of bringing evidence to decision and policy making.

This report is a review of the fourth year of operation of the Health Technology Assessment Unit. The activities of the Unit are prescribed under the provisions of the Health Collaboration Agreement between the Alberta Heritage Foundation for Medical Research and Alberta Health & Wellness. As in previous years, health technology assessments and other reports were prepared in response to requests from a variety of sources. The focus was on assessment of technologies which are of relevance to the Alberta health care system. A new initiative was undertaken this year to work with health authorities to bring health technology assessment evidence to decision and policy making at the local level.

It is my pleasure to submit the annual review of activities for the 1999-2000 fiscal year.

Don Juzwishin
Director, Health Technology Assessment

Health technologies

....are the interventions and applied knowledge used by health care practitioners and systems throughout the entire spectrum of health care: primary prevention, early detection of disease and of risk factors, diagnosis, treatment, rehabilitation and palliative care. Included in health technologies are drugs, devices, medical and surgical procedures, and the organizational, administrative and support systems in which health care is delivered.

Health technology assessment (HTA)

....is the systematic evaluation of the properties, effects and/or other impacts of health technology. Its primary purpose is to provide objective information to support health care decisions and policy making at the local, regional, national and international levels.

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INTRODUCTION

This report provides a comprehensive description of the products generated by the Health Technology Assessment Unit in the 1999-2000 fiscal year. The type of projects undertaken on behalf of our clients, the resulting publications, the researchers, their collaborators and external reviewers, and the anticipated impact of the work are all documented.

Products from the Unit consist of:

Health Technology Assessment Reports: Detailed publications, with comprehensive literature and data review, identifying study design, assessing the quality and level of evidence against a set of criteria.

Health Technology Briefs: Shorter publications covering more specific issues on health care technologies. These briefs are now part of the HTA reports.

Health technology assessment reports/briefs are externally reviewed by persons with interest or expertise in the field being considered.

Health Technology Initiatives: Reviews/papers on introduction, implementation and integration of health technology assessment products and processes into a regional health authority's business planning processes and program operations.

Technotes: Brief reports intended to provide short-term advice in response to urgent requests related to policy or administrative decisions. These publications are not externally reviewed.

TechScans: These short reports offer advice on emerging health technologies relevant to Alberta health care in the short-to-medium term with a focus on those not yet on the market or in use in Alberta.

Information Papers: Collections of information on health technology topics, without a 'value added' assessment component.

Newsletters (*Tech-Wise & The HEAT is on!*)

Newsletters describing the products and activities of the Unit are generated. During the year two issues of *Tech-Wise* were produced. In addition four issues of *The HEAT is on!* describing developments in the health expenditures and technology project were developed and disseminated to all stakeholders.

Sources of requests

Sources of requests for the assessments undertaken in 1999/00 are shown in Table 1 and categories of technologies in Table 2. Alberta Health and Wellness and Health Authorities continued to be important clients.

Table 1: Sources of requests for assessments completed or started in 1999-2000

Source of request	Completed in 1999/2000	In progress at end 1999/2000
Alberta Health & Wellness	9	4
Regional Health Authorities	2	
Clinical Practice Guidelines Program	1	1
Other HTA agencies	1	
Canadian Blood Services	1	
Consumers Association of Canada (Alberta Branch)	1	
Institute of Health Economics	3	3
Children's Services		1
Ministry of Learning		1
Alberta Mental Health Board	1	
AHFMR – in house	1	

Table 2: Categories of technologies assessed

Type of technology	Number of projects
Therapeutic	
- Radiation therapy	3
- Transplantation	1
- Surgical	2
- Prevention	1
- Prosthetic	1
Diagnostic	
- Imaging and related	2
- Pathology	2
Information technology	4

Unit staff

In August 1999 Mr. Don Juzwishin took over the role of Director and Dr. David Hailey continued to support the Unit as a senior scientific advisor.

At March 2000 permanent staff at the Unit were Mr. Don Juzwishin, Ms. Christa Harstall, Ms. Paula Corabian, Ms. Wendy Schneider and Ms. Wendy McIndoo. Ms. Liza Chan provided library and search assistance with the support of Leigh-Ann Topfer.

In March 1999 Dr. Fiona Wills undertook the HTA internship program with the Unit following a postdoctoral fellowship with the Pulmonary Research Group at the University of Alberta.

Other persons who supported projects involving the Unit are listed in Appendix A.

Health Technology Assessment Advisory Committee

This committee advised the Foundation on the development, support, review, updating, implementation and evaluation of Health Technology Assessment for the Province of Alberta since the inception of the unit. The committee held its last meeting on October 26, 1999. It was recommended by AHFMR to Alberta Health and Wellness that the HTAAC had fulfilled its mandate of supporting the development of the health technology assessment unit and that new mechanisms should be explored and introduced to guide its future activities.

The membership of the Committee in October 1999 was:

- Mr. Don Berry, Regional VP of Western Canada - MDS, Ingram & Bell
- Dr. David Hailey, Senior advisor, Australia
- Mr. Don Juzwishin, Director, AHFMR (Chair)
- Dr. Dennis Jirsch, Alberta Health (alternate Ms. Elaine Stakiw)
- Dr. Devidas Menon, Institute of Health Economics, Edmonton
- Dr. Tom Noseworthy, Professor & Chair, Department of Public Health Sciences, University of Alberta
- Professor Miriam Orleans, University of Colorado, Denver
- Ms. Debbie Phillipchuk, Alberta Association of Registered Nurses
- Dr. Lloyd Sutherland, Head, Department of Community Health Sciences, University of Calgary
- Dr. Bryan Ward, Assistant Registrar, College of Physicians & Surgeons
- Dr. Hilary Wynters, Operating Officer, Promotion & Protection, Mistahia Health Region

Guests at the final meeting were; Ms. Paula Corabian, Ms. Christa Harstall, Ms. Wendy Schneider, Dr. Matthew Spence all of AHFMR and Ms Brenda Waye-Perry, Alberta Health and Wellness attended as an observer.

CONTACT AND COLLABORATION WITH OTHER ORGANIZATIONS

HTA in Alberta

There was continued contact with the Institute of Health Economics (IHE), with additional work being undertaken on a joint project on the effect of health technology on health care expenditures. Another major project was undertaken examining the assessment of allogenic stem cell transplantation methods. Ms. Leigh-Ann Topfer of IHE provided information support for several projects. Dr. Hailey and Dr. Menon (IHE) continued to present a course on HTA as part of the Health Policy and Management Program in the Department of Public Health Sciences, University of Alberta. Ms. Megan Allen, a graduate student in Public Health Sciences, chose to complete her capstone project on *intermittent hemodialysis vs. continuous renal replacement therapies for patients suffering from acute renal failure in the intensive care unit*.

Don Juzwishin was involved with the Department of Community Health Sciences, University of Calgary and Calgary Region Health Authority to explore the opportunities of establishing a Health Technology Implementation Unit in Calgary. Don Juzwishin participated in the planning committee that provided input to deliver a symposium on bringing evidence to decision making. This was a joint undertaking of AHFMR, University of Calgary, Calgary Health Region and Canadian Health Services Research Foundation.

A follow up collaboration on assessment of telepsychiatry with the Provincial Mental Health Advisory Board was completed. The Unit provided advice, support and information to participants in the Foundation's SEARCH program.

HTA outside the province

Contact continued with the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) to explore opportunities for collaboration and moving the health technology assessment agenda forward in Alberta and Canada.

Staff in the Unit attended the annual meeting of the International Society of Technology Assessment in Health Care in Edinburgh where they made a number of presentations.

There was frequent contact throughout the year with the International Network of Agencies for Health Technology Assessment (INAHTA), of which AHFMR is a member. The Unit continued its participation in an INAHTA project on assessment of telemedicine as well as undertaking support for initiatives for the development of a high level generic framework on methodology in health

technology assessment. The Unit continued to mentor the development of health technology assessment in Romania.

ASSESSMENTS UNDERTAKEN

Reports prepared in 1999-2000 are listed in Appendix B. A brief description of each of these are given here.

Intraocular lenses for uncomplicated senile cataract focused on the safety, efficacy and effectiveness of the three types of intraocular lenses (polymethyl methacrylate (PMMA), foldable silicone and acrylic) used to treat uncomplicated age-related cataract. The rigid PMMA lens remains the standard against which other lens' optical materials were compared.

The report was a request of the Consumers Association of Canada (Alberta branch) and Alberta Health and Wellness had an interest.

On the basis of weak scientific evidence, foldable acrylic IOLs appear to offer greater short-medium term benefits (up to 3 years) than PMMA and silicone lenses in terms of biocompatibility, anterior capsular stability and risk of posterior capsular opacification.

Overall, there appears to be little good quality information to guide ophthalmologists, consumers and funders in their choice of the most appropriate type of IOL. The choice seems to depend mostly on the surgeon's preference, training and expertise and on availability (coverage by Health Ministry and purchasing choices by Regional Health Authorities).

The immediate impact of the report was two fold. The Alberta Clinical Practise Guideline Programs used the report to update their guidelines and Alberta Health and Wellness used the report in their decision to extend coverage to monofocal, foldable lenses for patients undergoing cataract surgery.

A benign tumour deep inside the ear, located on the eighth cranial nerve is called an acoustic neuroma. In July of 1999, a report entitled *Treatment options for acoustic neuroma* was released by the HTA Unit. The request for the report originated with the Out-of-Country Health Services Committee of Alberta Health and Wellness.

The treatments outlined for acoustic neuroma patients included watchful waiting, microsurgery or stereotactic radiosurgery (SRS). The quality of evidence on the comparative effectiveness and safety of SRS over microsurgery for acoustic neuroma remains limited. There are ongoing technical developments in both surgery and SRS that need to be taken into account.

There is evidence, from poor quality studies, that SRS is efficacious in the treatment of acoustic neuroma in appropriately selected individuals. However, in the majority of cases microsurgery will remain the number one option and

surgical techniques will continue to evolve. Both SRS and microsurgery have associated complications. Unlike SRS, microsurgery will require post-operative hospital stay and subsequent convalescence. There is also a risk of death, though this will be very small in centres of excellence.

There is no evidence of any difference in outcomes between the Gamma Knife and LINAC forms of SRS in the treatment of acoustic neuroma. The effectiveness of either approach will be related to the overall expertise of the patient management teams.

Comparison between radiosurgery and microsurgery has been uncommon. Evidence from methodologically weak studies showed that difference in clinical outcomes from the two patient groups was small. However, longer-term, more rigorous studies would be needed to further establish efficacy in terms of tumor control, quality of life, adverse effects and follow-up costs. As well, further comparative studies of this sort are required, taking into account conditions in other health care systems and developments in health technology. Overall performance and outcomes will depend on the expertise of the patient management team regardless of the treatment modality.

The report was used by the Out-of-Country Health Services Committee considering the appropriateness of out of province travel for the treatment of acoustic neuroma by gamma knife. Based on the current evidence support for travel and treatment by gamma knife was discouraged.

A report on *Functional diagnostic imaging (FDI) in the assessment of myocardial viability* was undertaken in view of the continuing interest within the province on the role of high cost imaging methods. The report considered the current status of high cost diagnostic imaging technologies for the assessment of myocardial viability (MV) in patients with chronic heart disease, who are being considered for revascularization. The methods assessed were: single photon emission tomography (SPECT), positron emission tomography (PET), dobutamine echocardiography (DEC), and magnetic resonance imaging (MRI).

These FDI methods have the potential to improve the management of patients with dysfunctional myocardium and to lead to efficiencies through avoidance of inappropriate procedures in patients who would not benefit from revascularisation. However, review of the available literature suggests that the place of these technologies in routine health care is still uncertain. There are substantial methodological limitations in most reported studies. There are few good quality data on their influence on patient management decisions.

The following summarizes the main findings of the review:

- PET using fluorodeoxy glucose (FDG) and DEC seem to have similar levels of accuracy in this application, though the evidence is limited. There is some evidence that FDG PET is able to predict outcomes, but this is not conclusive. The evidence for the predictive value of DEC is very limited.
- There is some evidence that SPECT using thallium -201 (Tl-201) could have higher sensitivity but lower specificity than FDG PET. Studies that found higher specificities for Tl-201 SPECT were of poorer quality. Outcomes studies suggest that Tl-201 SPECT examinations may have a useful predictive value, but their reliability is uncertain.
- FDG SPECT appears to have comparable sensitivity to FDG PET and DEC, but the studies undertaken so far are methodologically weak and tend to overestimate its accuracy. The feasibility of imaging FDG uptake with SPECT has been demonstrated but the quality of the available evidence does not allow an adequate evaluation of its potential role in routine clinical practice.
- The potential role of SPECT imaging with Tc-99m-labeled agents is not yet determined. Sestamibi SPECT appears to be less accurate than FDG PET or Tl-201 SPECT.
- There is still limited evidence on MRI methods, but there are indications that these may become more important in the future.
- There is limited evidence for improvements in outcome after revascularization for patients who have been selected for such intervention on the basis of FDI examinations.

The results of this assessment suggest that health professionals and policy makers should approach these techniques for assessment of MV with some caution. Their promise is not yet matched by convincing evidence of benefit to health care, data on comparative performance are limited and technical development continues to be rapid. It is suggested that any use in Alberta of these methods for MV assessment should be associated with prospective studies involving long term follow up of patients. The anticipated impact of this report was appropriate consideration by Alberta Health and Wellness as well as health authorities of any future requests for support for use of FDI methods in this application. Data from this study were to be included in an INAHTA report on PET.

Low level laser therapy for wound healing considered the use of low level laser therapy (LLLT) to help speed up the healing of chronic wounds. There has been increasing use of this method in Alberta. The request for this project arose from a community health nurse in practise in the Capital Health Region.

After a critical review of the scientific literature it was determined that there is no good scientific evidence to support the use of LLLT in this application. Other therapies should be considered for use with conventional wound healing practices. The anticipated impact is to reduce the use of LLLT for the treatment of chronic wounds.

The report on *Brachytherapy for the treatment of prostate cancer* was prepared in response to continuing interest in the technology by Alberta Health and Wellness and others. Brachytherapy is a radiotherapy technique involving the insertion of radioactive material into the body. It has been used to treat prostate cancer that is believed to be confined to the capsule. There has been increased interest in its use, following development of new techniques and improved diagnostic imaging methods.

The absence of controlled studies and long term follow up, variation in study populations and in procedures and processes undertaken, present particular problems in assessing this technology.

Brachytherapy appears a promising intervention for localised prostate cancer in the short term. However, its potential for influencing overall outcomes, particularly long term morbidity and survival, are unknown. It is possible that there may be some bias in the existing research towards selection of more promising candidates for treatment.

Alternative or complementary treatments such as radical prostatectomy, external beam radiotherapy are continuing to evolve so that the safety and efficacy of brachytherapy relative to these is not certain and may continue to change. This report was to be considered by Alberta Health and Wellness to determine if this procedure should be added to the fee schedule.

A report published jointly with the Alberta Mental Health Board describes an *Assessment of a routine telepsychiatry service* over two years of operation. A total of 546 consultations were undertaken between psychiatrists at Alberta Hospital Ponoka and patients at clinics in five general hospitals in the centre of the province.

Reduced wait time for an appointment and reduced travel time were major benefits to patients. Both patients and health professionals expressed high satisfaction with the service.

When use of the videoconferencing network for administrative and other meetings was taken into account, telepsychiatry became less expensive compared to visits to patients in clinics by a psychiatrist if more than 224 consultations a year were provided, which was substantially below the actual utilization of the service.

Overall, the study showed that telepsychiatry was a sustainable service in this setting, and confirmed the promising results that had been obtained during an earlier pilot project.

Impact of the project was through input to decisions by AMHB and health regions to further extend the scope of telepsychiatry services in the province and to introduce changes in operational details as a result of the experience gained.

An assessment of *Allogenic stem cell transplantation methods*, was prompted by a question from the Canadian Blood Services. This approach is used in the treatment of leukemias and other diseases affecting the formation of red blood cells. The study looked at the comparative safety, efficacy/effectiveness and costs of bone marrow transplantation (BMT), peripheral blood stem cell transplantation (PBCT) and cord blood transplantation (CBT). In Canada, BMT is well established while the other two methods have been introduced more recently.

The report notes that comparative data on the three techniques are limited. There appears to be no clear difference in the safety of BMT and PBCT. CBT has an advantage as rates of infection in donors and recipients are lower. However, the comparative efficacy/effectiveness of the three methods is not established. Ethical issues related to privacy, ownership and resource allocation require consideration for each of the technologies.

Using data from Canadian sources, the costs per transplantation for BMT and PBCT are similar while those for CBT is substantially higher because of the additional laboratory testing that is required.

The report concludes that no single method is dominant over the others on all counts. While CBT has substantially higher costs than the other methods, there appear to be other significant factors which work in its favor.

The anticipated impact of the report was to provide input to Canadian Blood Services' future planning for stem cell transplant services and to health services and planning decisions by health regions.

A technology brief on *Selective testing with bone density measurement (BDM)*, a technology used in the diagnosis and management of osteoporosis was prepared to provide information to the provincial Clinical Practice Guidelines (CPG) Program. It suggested that both clinical practise guidelines policy on health services should identify the clinical targets associated with use of BDM. Maintenance of bone health, prevention of hip fractures, and prevention of vertebral fractures are all important issues.

Attention was drawn to the substantial uncertainty in correctly classifying a woman as osteoporotic on the basis of her bone mineral density alone. In addition, follow-up BDM at short time intervals will not provide a reliable

measurement of changes in bone density. The minimum acceptable interval between measurements may be as long as two years.

Available evidence does not support population screening using BDM. However, BDM provides a guide to bone health and risk of fracture. There is potential for selective use of BDM in association with appraisal of other clinical risk factors. This assessment protocol has promise as a useful tool for selecting whom to test.

Advice on treatment options should consider evidence of efficacy and effectiveness in terms of absolute reduction in risk of fracture, long term compliance and adverse effects. There is scope for the introduction of decision aids and other approaches to providing clients with information on benefits and risks of interventions.

The report notes that additional information is required on the performance of newer types of BDM devices, and that BDM services require excellent quality assurance.

Reporting of BDM results should be factual. Recommendations for treatment should be avoided, unless the clinical history is available. While BDM has limitations, it provides a means of diagnosing and monitoring osteoporosis and associated fracture risk where other diagnostic options are limited. Clinical use of such assessments needs to be linked to information on management options using pharmaceutical treatments and other approaches.

The report provided input to the Clinical Practise Guideline program for the development of a future guideline. The report was also instrumental in informing a Spanish HTA agency in developing their own recommendations for policy in this area.

A technology brief was prepared in response to a request from Alberta Health and Wellness on the use of *In-111 Capromab Pendetide* (ProstaScint®) as an imaging agent for the identification of metastatic prostate cancer.

ProstaScint is an imaging agent for use in nuclear medicine examinations that provide an additional diagnostic tool in investigation of metastatic disease. It has been in use in the USA for approximately 3 years and there has been some experience with the product at Foothills Hospital, Calgary.

A review of the literature indicated that the clinical and economic benefits of this technology have yet to be proven. ProstaScint would not replace existing tests but would be an additive technology that could be used on a small select group of patients. The anticipated impact was to provide input to Alberta Health and Wellness in regard to their future consideration of funding for the technology.

The brief on *Multiple chemical sensitivity: a medical and social concern* provides information on the etiology, epidemiology, diagnosis, diagnostic and

treatment procedures for Multiple Chemical Sensitivity (MCS). The request for this information originated from Alberta Health and Wellness.

In recent years a growing number of individuals believe they have MCS. These individuals develop a sensitivity to a wide variety of substances and suffer chronically from many symptoms and signs such as fatigue, joint and muscle pain, sleep disruption, headaches and dizziness.

Views about MCS are conflicting. Different physical and psychological causes are attributed to it. A clear and rigorous definition and exact diagnostic criteria for MCS are not yet available. There is neither an estimate of people affected by MCS in Alberta, nor is there a generally accepted diagnostic test or standard therapy for the condition. What is generally agreed on is that the patients reporting MCS can be quite disabled and they need competent, compassionate, professional care.

The brief concludes that further rigorous research is required to justify the existence of MCS as a distinct disease entity. Also, well-designed trials are needed to validate the proposed diagnostic methods and to determine the safety, efficacy, effectiveness and efficiency of therapies aimed at treating MCS.

This information was considered by Alberta Health and Wellness while deliberating whether an Environmental Health Clinic should be established.

A recent publication, part of the health technology initiatives series, titled *Framework for Regional Health Authorities to Make Optimal Use of Health Technology Assessment* was circulated to the CEOs and Chairs of the Regional Health Authorities (RHAs) in Alberta. The purpose of the framework is to provide a practical approach to health authorities for bringing health technology assessment evidence to bear on local issues. This framework can be customized to an organization's strategies and business plans. The framework identifies means and mechanisms that a health authority may choose to implement to more effectively utilize health technology assessment to assess new and emerging health technologies. The expected impact of the report and subsequent discussions with the health authorities was to, increase the awareness of health authority executives to health technology assessments as a tool to inform their policy and decisions.

A Technote was completed on *Implantable left ventricular assist devices* at the request of Alberta Health and Wellness and the Capital Health Authority.

Transplantation candidates deteriorating rapidly before an appropriate donor heart becomes available may be bridged to transplantation with mechanical circulatory support. This assessment focuses on implantable pulsatile left ventricular assist devices (LVADs), mechanical pumps that take over the function of the damaged left ventricle and restore normal haemodynamics and end organ blood flow. The Food and Drug Administration in the United States has approved some pneumatic and vented electric systems as a bridge to transplantation.

Placement of a LVAD is associated with risk. The most common causes of early morbidity and mortality are due to complications such as bleeding, right heart failure, air embolism and progressive multisystem organ failure. In the late postoperative period complications such as infection, thromboembolism and device failure are commonly reported. Patients implanted with the latest generation of LVADs have the potential of unrestricted mobility, to undergo rehabilitation, to leave the hospital and resume most of their normal activities and for an improved quality of life, while waiting for a suitable donor organ.

The TechNote concludes that overall, implantable LVADs are potentially beneficial to patients with end stage heart failure as a bridge to transplant but better quality evidence (evidence from well designed controlled trials rather than cohort or case-control analytic studies) is still required. Implantable LVADs are evolving technologies that require more research before they are accepted into "routine" practice.

The Province Wide Area Services Committee used this information during their discussions of Capital Health Authorities proposal. It was decided that this service would not be funded on a provincial basis at this time.

A Technote on *Practitioner-initiated advice provided to patients through electronic modes* was conducted in response to a request from Alberta Health and Wellness. A practitioner is defined as any health care professional.

Evidence is presented on the efficacy and effectiveness of practitioner-initiated advice provided to chronically ill patients via electronic modes compared with traditional face-to-face office visits. It also highlights results that may affect policy-making decisions

Frequent telephone contact with chronically ill patients may have an advantage over pre-designated clinic visits. These advantages may include early identification of deterioration in health and making timely and important adjustments in treatment plans. Other reported advantages of practitioner-initiated advice to patients via electronic modes (telephone, electronic mail, fax) include:

- reduction in office visits
- ability of the practitioners to see more patients, and,
- reduced waiting and travel time for patients.

Three randomized controlled trials (RCTs), a review of RCTs and a Technology Assessment Report showed equivalent outcomes for patients receiving care and advice from their practitioner whether in a face-to-face visit or by telephone or electronic mail. However, there is a lack of published information that advises on areas of uncertainty, infrastructure and support.

This Technote provided some background information to Alberta Health and Wellness to enter into discussions about reimbursement for such services.

Alberta Health and Wellness were interested in the effectiveness of *Metal-on-metal surface hip replacement for congenital hip dysplasia*. Many patients suffering from congenital hip dysplasia with deformed and relatively stiff joints, seek surgical attention. Total hip arthroplasty, which involves surgical removal of the damaged cartilage and bone of the joint and replacing them with artificial implants (ball and stem prostheses) made of metal and plastic (polyethylene), has been the therapy most frequently used in these patients.

Surface replacement has been introduced as a bone-conserving alternative to total hip arthroplasty for young and active adults with arthritic hips. For surface replacement, the femoral neck is preserved rather than amputated, as is done in conventional total hip replacement. The femoral head is reshaped and resurfaced with a prosthetic shell. As a result, the femoral bone is loaded more like a normal hip.

Recently, three new prostheses using metal-on-metal articulations were introduced to meet the particular requirements of the surface replacement arthroplasty. Advocates of metal-on-metal resurfacing arthroplasty consider that this procedure would allow young patients to take full advantage of the features of surface replacement. These include preservation of femoral bone stock at the initial surgery and post-operatively (absence of stress shielding) normal joint biomechanics and load transfer and joint stability.

The surveyed evidence, however, suggests that the safety and efficacy of metal-on-metal surface replacement of the hip in young adults has yet to be established. The quality of available published evidence is limited.

Long-term, well designed, prospective controlled studies are needed to determine the long-term safety and efficacy of the use of the procedure in this category of patients.

The Out of Province Advisory Committee of Alberta Health and Wellness used this information as part of their decision process to determine whether to support this intervention or not.

The AHFMR prepared a joint report with the Finnish Office for Health Care Technology Assessment, Helsinki (FinOHTA) on the *Assessment of telemedicine: general principles and systematic review*. This project was undertaken on behalf of the International Network of Agencies for Health Technology Assessment (INAHTA). There has been increasing use of telemedicine in many countries, but the effectiveness and efficiency of the technology remain poorly defined.

The report describes an approach to assessment of individual telemedicine applications, drawing on earlier reports from FinOHTA and AHFMR. This

begins with issues for development of a business case, subsequent evaluation of the application, and follow up are then discussed.

There is also a brief discussion of impediments to the introduction of telemedicine, including the importance of local issues.

The report concludes with the a description of a systematic review of studies up to November 1998 that had reported outcomes of telemedicine in terms of administrative changes, patient outcomes or economic assessment, and that had included a control group. Using Medline and other databases, 784 articles were identified. Of these, 29 were deemed to fulfill inclusion criteria. Eighteen of the studies reported clinical outcome and 11 were mainly economic analyses. The methodological quality of the studies was moderate to poor in most cases.

The most convincing evidence regarding the effectiveness of telemedicine was found for teleradiology, teleneurosurgery, telepsychiatry and transmission of echocardiographic images. However, even in these applications, most of the available literature referred only to pilot projects and short term outcomes.

The report suggests that decision makers under public and commercial pressure to start new telemedicine services should link introduction of new, and in many instances costly technology to realistic development of a business case and subsequent data collection and analysis. They should also note that an assessment of a telemedicine application will often be closely linked to local circumstances and that the results may not be generalisable to other situations.

The anticipated impact of this report was to serve as a guide and influence those undertaking assessments of telemedicine applications and to provide input to those who are considering acquisition of such technology.

"Health Technology Assessment on the Net: a guide to Internet sources of information" is an information paper prepared in response to the explosion of the Internet making evidence available to decision and policy makers. The challenge however has been to assess the reliability of the information. Leigh-Ann Topfer, Director, Information Services at the Institute of Health Economics, collaborated with AHFMR and compiled the guide.

The Guide covers Canadian and international internet sources of HTA information in databases, evidence-based medicine, practice guidelines, government and health economics information. A short description and a link accompany each source to the web site. The Guide will be continually updated. An accompanying 'checklist', to assist users in documenting their HTA searches, will also be available soon. The Guide is freely available, and can be downloaded to allow searchers to modify the information to include their own local and national HTA information sources.

The anticipated impact of the Guide is provide support to those conducting searches, to standardize the approaches and to provide some assurance of the quality of the sources.

The HTA Unit collaborated HTA projects with the Institute of Health Economics on the HEAT project which examined the relationship of expenditures and technology in the treatment of myocardial infarction (AMI). During the 1999-2000 year two projects were completed.

Technologies used for managing and preventing acute myocardial infarction, (HEAT 1) provides a concise outline of health technologies used in the management of AMI which might be expected to have a significant economic impact on the health care system in Alberta. In each case, brief descriptions are given of the technology, with information on its introduction and use within Alberta. The project benefited from many helpful consultations with cardiologists in Alberta.

An Empirical Review of Health Expenditures and Technology (HEAT 2) is a literature review summarizing the contribution of technology to health care expenditures. Most of the empirical literature is relevant to the US health care system and the contribution of technology to expenditures in the Canadian context is not well known.

Review of this literature suggests that technology is an important explanatory variable in the determination of health expenditures. A practical implication is that single equation techniques will result in biased estimates when estimating the effect of technology on health expenditures.

There was also recognition in the literature that technological innovation is a dynamic process and an important explanatory variable in the determination of health expenditures.

These first two installments of the HEAT project set the stage for the work to be continued in the next fiscal year.

Requests for Information

The Unit continues to receive a variety of requests for information (see Appendix D). Provision of information on health technologies remains an important part of the Unit's activities. A feature this year was the complexity of some requests, which required significant assessment effort. Details from some of these were included in the Newsletter.

Pilot project on emerging health technologies

There has been discussion in a number of countries on provision of early advice on emerging health care technologies. The HTA Unit is undertaking a pilot

project in this area. The aim is to provide information for decision makers in Alberta who may be faced with demands for use or support of new technologies.

Advice is provided through a series of one page briefs, posted on the AHFMR website on selected new developments that may be of relevance in Alberta. The focus is on technologies that have not yet come to market, or into use in Alberta. Each brief, called a TechScan, gives concise information on the purpose of the technology, the source of the information and comments on the potential implications for Alberta health care.

The production of the TechScans drew on advice and information from a number of persons who are listed in Appendix C.

EXTERNAL PUBLICATIONS AND PRESENTATIONS

A number of journal articles from Unit members were published during the year. Presentations were made at several scientific meetings. Details are given in Appendix B.

SUMMARY OF PROGRAM

The HTA program has been in operation at the Foundation since the start of 1996. A wide variety of technologies have been assessed, with the Unit's products providing information for decision makers in the province. Innovative responses to new challenges have been undertaken with the introduction of the health technology assessment initiatives and the emerging technologies TechScan pilot project.

APPENDIX A: PERSONS ASSOCIATED WITH THE HTA PROGRAM

HTA Unit

Mr. Don Juzwishin, Director Health Technology Assessment
Dr. David Hailey, Senior Advisor Health Technology Assessment
Ms. Christa Harstall, Assistant Director
Ms. Paula Corabian, Research Associate
Ms. Wendy Schneider, Research Associate
Ms. Wendy McIndoo, Administrative Assistant

Short term placements

Ms. Megan Allen
Ms. Tegwen Howell
Ms. Patricia Leggett
Dr. Fiona Wills

AHFMR Librarian

Ms. Liza Chan

External collaborators

Ms. Melinda Connolly, Institute of Health Economics, Edmonton
Ms. Sandra Doze, Crossroads Regional Health Authority, Wetaskiwin
Dr. Konrad Fassbender, Institute of Health Economics, Edmonton
Professor Philip Jacobs, Public Health Sciences, University of Alberta
Ms. Nadine McLean, Public Health Sciences, University of Alberta
Dr. Arto Ohinmaa, Oulu University, Finland
Dr. Risto Roine, Finnish Office of Health Technology Assessment, Helsinki
Ms. Jennifer Simpson, Alberta Hospital Ponoka
Ms. Leigh-Ann Topfer, Institute of Health Economics, Edmonton
Dr. Douglas Urness, Alberta Hospital Ponoka

APPENDIX B: PUBLICATIONS AND PRESENTATIONS, 1999-00

Health Technology Assessment: Series A:

- C Harstall, W. Schneider, *Intraocular lenses for uncomplicated senile cataract*, June 1999.
- W Schneider, D Hailey, *Treatment options for acoustic neuroma*, July 1999.
- D Cowley, P Corabian, D. Hailey, *Functional diagnostic imaging in the assessment of myocardial viability*. 2 Vols., October 1999.
- W Schneider, D. Hailey, *Low level laser therapy for wound healing*, October 1999.
- F Wills, D. Hailey, *Brachytherapy for prostate cancer*. December 1999.
- J Simpson, S Doze, D Urness, D Hailey, P Jacobs, *An assessment of routine telepsychiatry services*, November 1999.
- P Jacobs, D Hailey, N MacLean, *Allogeneic stem cell transplantation methods*, January 2000.

Health Technology Assessment: Series B

- J. Homik, D. Hailey, *Selective testing with bone density measurement*, May 1999.
- T. Howell, D. Hailey, *Use of In-111 Capromab Pentetate in detecting metastatic prostate cancer*, November 1999.
- P. Corabian, C. Harstall, *Multiple Chemical Sensitivity: etiology, epidemiology, diagnosis and treatment*, December 1999

Health Technology Assessment Initiatives

- D. Juzwishin, *Framework for regional health authorities to make optimal use of health technology assessment*, March 2000.

Technotes

- Implantable left ventricular assist devices, *December 1999*.
- Practitioner-initiated advice provided to patients through electronic modes, *March 2000*.
- Metal-on-metal surface replacement of the hip for congenital hip dysplasia, *March 2000*

Information papers & joint reports

- L Chan, L Topfer, *Health technology assessment on the Net: a guide to Internet sources of information*, with Institute of Health Economics, Edmonton, August 1999.
- A Ohinmaa, D Hailey, R Roine, *The assessment of telemedicine: general principles and a systematic review*, an INAHTA project with Finnish Office for Health Care Technology Assessment, Helsinki, August 1999.
- C Harstall, *Technologies used for managing and preventing acute myocardial infarction*, with Institute of Health Economics, August 1999.
- K. Fassbender, M Connolly, *An empirical review of health expenditures and technology*, with Institute of Health Economics, Edmonton, November 1999.
- D. Juzwishin, *Structuring an Alberta Health Service Utilization Activity*, Alberta Heritage Foundation for Medical Research, Edmonton, October 1999.

Techscans

Techscans (emerging technologies) are one page alerts that cover new developments in health technologies (human studies only) relevant to Alberta health care in the short to medium term with a focus on those not yet on the market or in use in the province. Forty five techscans were completed during the year.

Date issued	Title
March 2000	Free-electron laser Vagus nerve stimulation GliaSite Radiation Therapy System ReliefBand
January 2000	Etanercept (Enbrel®) Melaccine vaccine MRI in fetal diagnosis NOWS® pneumoniae test
November 1999	BRACAnalysis genetic test GlucoNorm® Endoscopic beating heart coronary artery bypass graft OtoScan® laser assisted myringotomy (OtoLAM) Tamiflu® (oseltamivir phosphate)
October 1999	Vertebroplasty PROSORBA® blood filtration column Implantable pulse generator Endo-esophageal MRI coil

Date issued	Title
September 1999	Sacral nerve stimulation Visudyne Mitral valve reconstruction CaverMap surgical aid Photon radiosurgery system
August 1999	AD7C urine test for NTP protein CyberKnife Zanamivir for inhalation (Relenza®) Microsphere delivery of 5-fluorouracil Photofrin®
July 1999	Genotypic HIV resistance testing Continuous glucose monitoring system Rapid cholesterol test Tc-99m labelled antibody fragment for osteomyelitis
June 1999	Corneal epithelial stem-cell transplantation Intestinal transplantation Multifocal intraocular lenses
May 1999	Radiofrequency ablation of excess tongue tissue Fetal cell transplant Radiofrequency catheter ablation. 64 electrode basket catheter Repetitive transcranial magnetic stimulation Voice controlled arthroscopic pump
April 1999	Neuronal cell transplants Ablatherm Tin-117m DTPA Percutaneous electrical nerve stimulation – PENS Rebetron® Low intensity ultrasound treatment of non-union fractures

Newsletter

Tech-Wise - Issue no. 13 in August 1999

Issue no. 14 in February 2000.

The HEAT is on!- Issue 1, August 1999
 Issue 2, October 1999
 Issue 3, November 1999

The HEAT is on! Was a joint publication with the Institute for Health Economics

External publications

- Harstall C. Computerized Dynamic Posturography in rehabilitation: has its reliability and validity been established. *Physiotherapy Canada* 2000;52(1):56-63.
- Hailey D. Scientific harassment by pharmaceutical companies: time to stop. *Canadian Medical Association Journal* 2000;162(2):212-13.
- Mitton C, Hailey D. Health technology assessment and policy decisions on hyperbaric oxygen treatment. *International Journal of Technology Assessment in Health Care* 1999;15:661-70.
- Corabian P, Hailey D. Functional imaging may widen epilepsy options. *Diagnostic Imaging Europe* 1999;15(8):38-47.
- Hailey D, Jacobs P, Simpson J, Doze S. An assessment framework for telemedicine applications. *Journal of Telemedicine and Telecare* 1999;5:162-70.
- Hemminki E, Hailey D, Koivusalo M. The courts — a challenge to health technology assessment. *Science* 1999;285:203-4.
- Juzwishin D. "Health Technology Assessment: An Overview", *Links*, Alberta Health and Wellness, Edmonton, Volume 4, March 2000, p. 2.

External Presentations

- Hailey D. *Health technology assessment in a Canadian province*. Seminar, Department of Public Health & General Practice, Christchurch School of Medicine, February 2000.
- Hailey D. *The assessment of telehealth applications*. New Zealand Ministry of Health, Wellington, February 2000.
- Corabian P, Harstall C. *Adult patient education as a management intervention in type 2 diabetes*. 2nd Investigator's Meeting, Western Canadian Diabetes Health Outcomes Research Group, Edmonton, January 2000.
- Hailey D. *The quality and availability of information on health technologies*. Parkland Institute 3rd Annual Conference, University of Alberta, November 1999.
- Schneider WL, Spence M. *How do you measure success?* Workshop: Assessment of the Payback from Health R&D: From ad hoc Studies to Regular Monitoring, Leeds Castle, Kent, November 1999.
- Schneider WL. *Telephone nurse triage services*. Poster presentation at the First Global Conference on the Evaluation and Diffusion of Telehealth, Calgary, October 1999.

- Roine R, Ohinmaa A, Hailey D. *An international project on the assessment of telemedicine.* First Global Conference on the Evaluation and Diffusion of Telehealth, Calgary, October 1999.
- Hailey D, Doze S, Jacobs P, Simpson J, Urness D. *Use of telepsychiatry assessments to inform health policy.* First Global Conference on the Evaluation and Diffusion of Telehealth, Calgary, October 1999.
- P Jacobs, D Hailey, J Simpson, D Urness, S Doze. *Evaluating the practicality of telemedicine as a means to improve rural psychiatric services.* Poster presentation at the 15th International Conference of ISQUA, Melbourne, October 1999.
- Hailey D, Harstall C. *The need for outcome measures to inform procurement decisions on rehabilitation technologies.* 16th International Conference of ISQUA, Melbourne, October 1999.
- Corabian P. *HTA in Alberta.* Seminar on Health Technology Assessment approaches and methods, University of Medicine and Pharmacy "Carol Davila", Bucharest, June 1999.
- Corabian P, Hailey D. *Positron emission tomography in the management of refractory epilepsy.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Corabian P. *The role of vagus nerve stimulation (VNS) in refractory epilepsy.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June, 1999.
- Schneider WL, Buxton MJ. *Use of the 'payback' model to determine the value of an assessment of stereotactic radiosurgery.* 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Harstall C, Corabian P. *Assessment accuracy of diagnostic tests for vaginitis/vaginosis for CGP development.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Harstall C. *CDP in rehabilitation of stroke patients: does the scientific evidence support its purchase?* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Schneider WL. *Telephone nurse triage services.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Hailey D. *Dissemination - international is easy, it's those local targets that are a challenge.* Panel presentation, 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.

- Crowe BL, Hailey D. *Factors influencing the adoption of direct radiography for capture of X-ray images.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Homik J, Hailey D. *The status of quantitative ultrasound for bone density measurement.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.
- Mitton C, Hailey D. *Health technology assessment and policy decisions on hyperbaric oxygen.* Poster presentation at the 15th Annual Meeting of ISTAHC, Edinburgh, June 1999.

APPENDIX C: REFEREES/COMMENTATORS

The following persons acted as referees or provided comments during preparation of the AHFMR reports completed in 1999-00.

- Ms. Elizabeth Adams, VATAP, Department of Veterans' Affairs, Boston, USA
- Dr. John Akabutu, University of Alberta Hospital, Edmonton
- Dr. Cari Almazan, Catalan Agency for Health Technology Assessment, Barcelona, Spain
- Dr. David Alton, Alberta Cord Blood Bank, Canada
- Dr. David J. Apple, Medical University of South Carolina, Charleston, USA
- Dr. Stephen Archer, Division of Cardiology, Department of Medicine, University of Alberta, Canada
- Dr. Paul Armstrong, Department of Medicine, University of Alberta, Canada
- Ms. Wendy Armstrong, Consumer's Association of Canada (Alberta), Edmonton, Canada
- Dr. Israel Belenkie, Department of Medicine, Foothills Hospital, Calgary, Canada
- Dr. Lorne Bellan, University of Manitoba, Winnipeg, Canada
- Dr. Roger Bland, University of Alberta, Edmonton, Canada
- Ms. Kim Brundrit, Canadian Blood Services, Calgary, Canada
- Dr. Isabelle Brunette, Hopital Maisonneuve-Rosemont, Universite de Montreal, Canada
- Mr. George Clarke, Ottawa, Canada
- Dr. Laura Sampietro-Colom, Catalan Agency for Health Technology Assessment, Barcelona, Spain and Kerr L. White Institute, Decatur, Georgia
- Dr. Kenneth J. Corbet, University of Calgary, Alberta
- Dr. Trevor Cradduck, Alberta Health and Wellness, Edmonton, Canada
- Mr. Bernard Crowe, Health Informatics Society of Australia, Canberra
- Dr. Paul Courtright, St. Pauls Hospital, Vancouver, Canada
- Dr. Anthony D'Amico, Harvard Medical School, Boston, USA
- Dr. J. Max Findlay, University of Alberta Hospital, Edmonton, Canada
- Dr. Roy A. Fox, Nova Scotia Environmental Health Centre, Dalhousie University, Halifax, Canada

- Mr. Pedro Gallo, Catalan Agency for Health Technology Assessment, Barcelona, Spain
- Dr. William Ghali, Faculty of Medicine, University of Calgary, Canada
- Dr. Unto Hakkinnen, STAKES, Helsinki
- Dr. David Hanley, Faculty of Medicine, University of Calgary, Canada
- Dr. Patrick Hessel, University of Alberta, Edmonton, Canada
- Professor Magnus Hjelm, Prince of Wales Hospital, Shatin, Hong Kong
- Dr. John W. House, House Ear Clinic, Inc., Los Angeles
- Professor Penny Jennett, Community Health Sciences, University of Calgary, Canada
- Dr. Michel R. Joffres, Nova Scotia Environmental Health Centre, Dalhousie University, Halifax
- Dr. Daniel Kessler, Stanford University
- Dr. Merril Knudston, Director of Interventional Cardiology (angioplasty) Program, Calgary
- Dr. Douglas D. Koch, Baylor College of Medicine Houston, USA
- Dr. Fred Lapner, Statistics Canada, Ottawa, Canada
- Dr. Alan Lees, Cross Cancer Institute, Edmonton, Canada
- Dr. Pascale Lehoux, McGill University, Montreal, Canada
- Mr. Steven Lewis, Health Policy & Research Consultant, Saskatoon, Saskatchewan
- Dr. Ian McDonald, Centre for the Study of Clinical Practice, St. Vincent's Hospital, Melbourne
- Dr. A. McKewan, Cross Cancer Institute, Edmonton, Canada
- Dr. G. May, Cytogen Corporation, Princeton, New Jersey
- Dr. Devidas Menon, Institute of Health Economics, Edmonton, Canada
- Dr. Berit Morland, Norwegian Centre for Health Technology Assessment, Oslo
- Dr. L. Numerow, Department of Diagnostic Imaging, Foothills Medical Centre, Calgary, Canada
- Dr. Miriam Orleans, University of Colorado, Denver
- Ms. Heather Orsted, Home Care, Calgary Regional Health Authority, Calgary, Canada

- Ms. Carol Paisley, Alberta Health and Wellness, Edmonton, Canada
- Dr. Walter Peissl Institute of Technology Assessment, Austrian Academy of Science, Vienna
- Ms. Linda Podlosky, University of Alberta Hospitals, Edmonton, Canada
- Ms. Cheryl Raiwet, Home Care, Capital Health Authority, Edmonton, Canada
- Dr. James Russell, Tom Baker Cancer Centre, Calgary
- Dr. J. Saliken, Department of Diagnostic Imaging, Foothills Medical Centre, Calgary, Canada
- Dr. Jill Sanders, President, Canadian Coordinating Office for Health Technology Assessment, Ottawa, Canada
- Dr. Ron Schipper, Leiden University Medical Center,
- Dr. Gordon Searles, University of Alberta Hospital, Edmonton, Canada
- Dr. Lyn Sibley, St. Pauls Hospital, Vancouver
- Dr. Eldon Smith, Department of Medicine/Physiology & Biophysics, University of Calgary
- Dr. Raimo Suhonen, Mikkeli Central Hospital, Finland.
- Dr. Koon Teo, Cardiovascular Research Group, University of Alberta, Canada
- Dr. Alan Tennenhouse, McGill University, Montreal, Canada
- Ms. Leigh-Ann Topfer, Institute of Health Economics, Edmonton, Canada
- Dr. Edward Tredget, University of Alberta Hospital, Edmonton, Canada
- Dr. Robert Turner, Cross Cancer Institute, Edmonton, Canada
- Dr. Wayne Tymchak, Department of Medicine, University of Alberta, Canada
- Dr. Bryan Ward, College of Physicians and Surgeons, Edmonton, Canada
- Dr. Padraig Warde, University Health Network, University of Toronto, Canada
- Dr. Wayne Warnica, Cardiac Intensive Care Unit, Department of Medicine, University of Calgary, Canada
- Dr. Claudia Wild, Institute of Technology Assessment, Austrian Academy of Science, Vienna
- Dr. Hongyou Yang, Canadian Blood Services, Edmonton, Canada
- Dr. Ronald F. Young, Northwest Hospital Gamma Knife Center, Seattle, USA

APPENDIX D: INFORMATION REQUESTS IN 1999-00

This list shows information requests received during 1999-00. The level of the response in terms of time spent is indicated in the final column.

Category A = > 1 hour / < ½ day; B = > ½ day / < 1 day; C = > 1 day / < 3 days; and D = > 3 days / < 7 days.

Source	Topic	Category
Alberta Health and Wellness	Potential Opportunities in Province-Wide Services	A
	Neuromodulation for bladder dysfunction	A
	Arthroscopic Spinal Surgery at the Bonati Institute, Florida	D
	3D image guided surgery (2)	B
	Botox A injections for temporomandibular disorder (TMD)	A
	Dana-Farber Cancer Institute for bone marrow transplantation – funding issue for patient	A
	Burns treatment	A
	Brachytherapy (3)	A
	Microfracture Technique (Steadman Hawkins Clinic)	A
	Hip Replacement Using Metal-on-Metal Prostheses	A
	Off-pump coronary artery bypass	C
	Update of "Intraocular lenses for uncomplicated senile cataract"	C
	Limbal Stem Cell Transplant with Amniotic Membrane Grafting	B
	Cryoanalgesia or Cryo surgery	B
	Endovascular therapy	A
	Heat induction treatment for prostate cancer	A
	Sex Reassignment Surgery (funding)	A
	Hormone blockage (prostate cancer) (2)	B
	Embolization therapy for uterine fibroids	A
	Formaldehyde exposure of newborn (6)	D
	Hyperthermia Treatment for Prostate Cancer	B
	Intravenous injections and infusions (funding)	A
	Triple Hormone Blockade Therapy for the treatment of prostate cancer	A
	Bladder Ultrasound Testing	A
	Endovascular stents for aortic abdominal aneurysms	A
	Endovascular therapy using the STENT method	A

Source	Topic	Category
Alberta Health and Wellness (cont'd)	Patellar instability PET in epilepsy PET Scan Triple hormone therapy CPG Programs in North America Quad Procedure for treatment of brachial plexus palsy Laser cataract surgery Microbicides General anesthetic procedures for young children Stem cell transplantation for the treatment of ovarian cancer Neutron therapy for treatment of cancers and vascular diseases Information about Canadian society of oral and maxillofacial surgeons	A A A B A B B C A B A A
Alberta Cancer Board	Triple Blockade Therapy	A
Association of Registered Nurses	Review of Telephone Consults to AARN	A
Australia Health	Burns treatment Current practices in the management of burn patients	A A
Canadian Institute of Health Research	Research within AHFMR	A
Empirica	Telemedicine information	A
Good Samaritan Society	"Clinical effectiveness of commercially available interface pressure measurement systems for the prevention and management of pressure sores in wheelchair bound or bedridden persons"	B
Government of Alberta	Model Programs/Centres for Brain Injured Persons/brain injuries in children (5) Effects of lawn chemicals on humans	D A
Health Canada	Telehealth	A
IHC	Interferential (electrical) stimulation	A
INAHTA Agency	Psoriasis study	A
Manitoba Health	Information and publications on health services in Alberta	A
OCTC	Hyperbaric oxygen therapy for CP	A

Source	Topic	Category
Ontario Ministry of Health	Health Technology Assessment	C
Orthopaedic Society of Alberta	Microfracture technique professional advice	A
OSTEBA	Cervical cancer screening	A
Pharmazeutisches Institut Pharmazeutische Technologie	Questionnaire and information about HTA in Alberta	B
Private associations	Epicom "Tracker"	B
	Canadian clinical site for depression	A
	Biomedical ethics (Saskatchewan Trial Lawyers Assoc.)	A
Private Individuals	Intrahospital Transfer and Pressure Sore Management (Alberta)	B
	Pressure sores in elderly (Alberta)	A
	HBO treatment (Australia)	A
	Aortic aneurysm (British Columbia)	B
	Fosamax (USA)	B
	Pancreatic islet cell transplantation	C
	HTA in Alberta (2)	A
	Diabetes research	A
	University studies for HTA in Alberta	A
	Epidemiology of glaucoma/medical and surgical patterns of care/existing health policy regarding screening, treatment and management (UK – independent consultant)	A
	Accidents involving elderly as related to improper use and/or adjustment of side mirrors	A
	Testicular cancer, ulnar neuropathy, epicondylitis	A
	Assessment and wound care management	B
RHAs	Digital radiology	A
	Comparison of fixed and mobile CT and MRI scanners	C
	Blood gas machines point of care testing	B
	Hip prosthetic replacement devices	A
	Effectiveness of automated cervical cytology	C
	Effectiveness of brachytherapy	C
	Effectiveness of bone density screening	C
	Effectiveness of Group vs. Classroom Intervention of Speech Therapy	C
	Sentinel node biopsy in medical imaging vs. biopsy in OR	C

Source	Topic	Category
RHAs (cont'd)	Effectiveness of laparoscopic adjustable gastric banding and effectiveness of gastroplasty	C
	Cost-effectiveness of private versus public laboratories	C
	Closed circuit television (CCTV) readers for the visually impaired	C
	Renal disease	B
Saskatchewan Health	Programs for assessing technology	A
University of Alberta	Review of diabetes outpatient education programs	B
University of Nebraska	Bladder ultrasound testing	A

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